THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The Micronutrient Initiative, a Canada-based international not-for-profit organization, has estimated that the additional cost for alleviating micronutrient malnutrition as Rupees five per person only which is over and above the funds already spent on this item, including infrastructure.

(b) The report does recommend public private partnership with a time bound plan for alleviating micronutrient malnutrition.

(c) Government of India have recently launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care including services for Immunization and Safe Motherhood. The Mission seeks to provide effective health care to rural population throughout the country with special focus on 18 States, which have weak public health indicators and/or weak infrastructure. It also seeks to facilitate convergence of health programmes and determinants including nutrition, drinking water and sanitation.

Compensation for Malaria and Cholera patients

†60. SHRI KRIPAL PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether persistence of diseases such as cholera and malaria show failure of the public health care system and lack of official readiness in preventing these diseases;

(b) whether compensation would be given to the patients suffering from cholera and malaria; and

(c) if so, the remedial measures that are proposed to be taken by Government to save people from these deadly diseases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Diseases like cholera and malaria are linked to maintenance of environmental hygiene, sanitation, consumption of safe and good drinking water. Health is primarily a state subject and provision of medical relief for diseases like cholera, malaria etc. through primary and community health centres is looked after by the State-Governments. The preventive

†Original notice of the question was received in Hindi.

measures taken by the local health authorities include provision of safe drinking water, improvement of personal and community hygiene, safe disposal of human excreta, undertaking appropriate health education, surveillance and monitoring, distribution of chlorine tablets and ORS packets etc.

The Government of India supplements the efforts of the State Governments/Union Territories through various National Health Programmes and by providing funds under the Accelerated Rural Water Supply Programme, Accelerated Urban Water Supply Programme. Total Sanitation Campaign, School Sanitation and Hygiene Education and low cost sanitation scheme for tackling quality related problems in respect of rural and urban drinking water supply. National Institute of Communicable Diseases, Delhi, provides technical support to the State Governments and undertakes surveillance, early detection and prevention and control of outbreaks of communicable diseases including cholera. Technical support to improve the quality of drinking water is also envisaged to be provided by NICD, Delhi.

The National Vector Borne Diseases Control Programme is implemented by the Central Government, which provides technical guidance and commodity assistance to the State Governments for prevention and control of major vector borne diseases including Malaria. Under this programme, 100% Central assistance is provided to North Eastern States including Sikkim. The assistance is provided in the form of commodity and cash. In addition, 100% central assistance is also provided under Enhanced Malaria Control Project with World Bank assistance which was launched in 8 problematic States of Andhra Pradesh, Jharkhand, Gujarat, Madhya Pradesh, Chhattisgarh, Maharashtra, Rajasthan and Orissa. The Global Fund supported Intensified Malaria Control Project (IMCP) is also being implemented in 94 districts of 10 States. The strategies for control of Malaria include providing anti-malarial drugs for early treatment through health facilities and community volunteers and integrated vector control which includes indoor residual spray in high risk pockets of the rural areas and larvicides in urban areas, use of bednets, environmental measures, capacity building, information, education and communication.

The Government has launched an Integrated Disease Surveillance Project to further strength/en the disease surveillance system in order to ensure early detection and rapid response to arrest spread of diseases.